2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 20, 2006
Secretary of State

DOCUMENT# N05000011416

Entity Name: THE VILLAS AT AGORA CIRCLE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1870 SE AGORA CIR
PALM BAY, FL 32907

New Principal Place of Business:

6455 ANDERSON WAY
MELBOURNE, FL 32940

Current Mailing Address:

1870 SE AGORA CIR
PALM BAY, FL 32907

New Mailing Address:

6455 ANDERSON WAY
MELBOURNE, FL 32940

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SHIFFLER, RICHARD W JR
6455 ANDERSON WAY
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD W. SHIFFLER, JR.
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: SHIFFLER, RICHARD W JR.
Address: 6455 ANDERSON WAY
City-St-Zip: MELBOURNE, FL 32940

Title: VD ( ) Delete
Name: DICIOCCIO, DAVE
Address: 3318 CAPPIO DR
City-St-Zip: MELBOURNE, FL 32940

Title: STD ( ) Delete
Name: OVERAND, KRISTINE L
Address: 6455 ANDERSON WAY
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD W. SHIFFLER, JR. PD 10/20/2006
Electronic Signature of Signing Officer or Director — Date